DECLARATION — Utility or Design Patent Application

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MacLane C. Key										
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City				State				<u> </u>	ZIP	
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOLE OR FIRST IN	VENTOR:			etition l	hae had	n filed	l for thi	ie uneian	ed inventor	
Given Name			<u> </u>	Cudon		amily N		o unoign	CO IIIVEITOI	
(first and middle [if any])	atthew 1	VOCK				Suma		Yorl	k	
Inventor's									Date	
Signature Mth y										
Residence: City	State			Coun			***	Citizen	•	
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City BLACKSTONE	State VA	,			ZIP 2	382	7		Country USA	
NAME OF SECOND INVENTO	R:				A pe	tition h	as bee	en filed fo	or this unsigned i	nventor
Given Name	11					mily Na				
(first and middle [if any]) 1 M	mas Al-	tred			or	Surnar	ne	Lara		
(first and middle [if any]) \(\) ho. Inventor's Signature Thorne Mg Residence: City	feed Zar	gi							Bate 8 April 200	4
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Additional inventors or a legal re	presentative are bei	ng named on th	_e Z _s	uppleme	ntal shee	t(s) PTC)/SB/02/	or 02LR a	ttached hereto.	

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DECLARATION			Supplemental Sheet Page — 2				
Name of Additional Joint Inventor, if any:		A pe	tition I	has been filed for this	unsigned inv	entor	
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Paul A.			wil				
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212 01 0	i ne.		•	-	****		
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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page					
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Name of Additional Joint Inventor, if any:		A petition	has been filed for this	unsigned inv	entor/		
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Name of Additional Joint Inventor, if any:		A petition	has been filed for this	unsigned inv	ventor		
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Inventor's Signature		Date					
Residence: City	State Country		Country		Citizenship		
Mailing Address							
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City	State		Zip	Country	•		
Name of Additional Joint Inventor, if any:		A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any)			Family Name or S	Surname			
Inventor's Signature		Date					
Residence: City	State	tate Country Citizenship					
Mailing Address							
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Application Number	
Filing Date	
First Named Inventor	MATTHEW YORK
Title	METHOD AND APPARATUS FOR AUTOM
Art Unit	
Examiner Name	
Attorney Docket Number	0010002-00003

Practitioners associated with the Customer Number: OR								
Practitioner(s) named below: Name	I hereby appoint:	I hereby appoint:						
Practitioner(s) named below: Name	Practitioners associated with the Customer Number:							
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MacLane C. Key A8,250 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Address MacLane C. Key Address MacLane C. Key Address MacLane C. Key, Inc Address 12329 Antietam Road City Lake Ridge State VA Telephone 703-490-8128 Fax 703-490-4740 I am the: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record			Name			Registration Nu	ımber	
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Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name MATTHE W PORK Signature MUCK		t/Inventor						
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Signature Muth K								
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Date 4/7/04 Telephone (434) 292 4622								
	Date 4/7/04 Telephone /434 292 4622							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
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First Named Inventor	MATTHEW YORK
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Examiner Name	
Attorney Docket Number	0010002-00003

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MacLane C. Key		48,250				
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Individual Name	Firm or Individual Name MacLane C. Key					
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City	Lake Ridge	State	VA	Zip 22192		
Country	USA					
Telephone	703-490-8128	Fax	703-490-4740	3-490-4740		
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Application ventor.						
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Name Munas A. Lurgi, Tc.						
Signature Thyrun U. Zaryi f.						
Date & April 2004/ / Telephone						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
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~	Firm or Individual Name	MacLane C. Key				
	Iress	MacLane C. Key, Inc				
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City		Lake Ridge	State	VA	Zip	22192
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	applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Name Paul A. Yuusik						
Signature Page 2:						
Date 4/7/04 Telephone 724-935-2448						
	atures of all the inventor e than one signature is r	s or assignees of record of the entire interest equired, see below*.	or their represent	tative(s) are required.	Submit mult	tiple
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First Named Inventor	MATTHEW YORK
Title	METHOD AND APPARATUS FOR AUTOM
Art Unit	
Examiner Name	
Attorney Docket Number	0010002-00003

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City	Lake Ridge		State	VA	Zip 22192	
Country	USA					
Telephone I am the:	703-490-8128		Fax	703-490-4740		
Applicant/Inventor.						
	The entire leteral Oct 07 07 07	-4				
	the entire interest. See 37 CFR 3.7 CFR 3.73(b) is enclosed. (Form PT)				·	
SIGNATURE of Applicant or Assignee of Record						
Name Dennis	S. Crump					
Signature Duis CP						
Date 4/7/04 Telephone 203-715-6184						
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Country	USA						
Telephone	703-490-8128	Fax	Fax 703-490-4740				
I am the: Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Name DAVID C.	CIVINGSTON						
Signature 2	· him						
Date 7 April	2004		Telephone	540 464 7545			
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Address		MacLane C. Key, Inc							
Address		12329 Antietam Road							
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SIGNATURE of Applicant or Assignee of Record									
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